

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

Amended

**Notice of Initial Placement by  
Appropriate Board  
or Designated Agency**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

Placement of the ward is being made or has been made on \_\_\_\_\_, 20\_\_\_\_\_ to the following location:

**(Name, address, telephone number of placement unit)**

- 1. This placement unit is
  - unlocked unit.
  - locked unit.
  
- 2. The type of placement unit is
  - nursing facility.
  - intermediate care facility.
  - center for the developmentally disabled.
  - public medical institution.
  - foster care services.
  - adult family home.
  - group home.
  - apartment.
  - facility providing acute psychiatric treatment .
  - other non-institutional community setting.

3. Ward has a developmental disability.

**DISTRIBUTION:**

- 1. Court
- 2. Ward/Ward's Legal Counsel, if any/Guardian ad litem
- 3. Guardian/Ward's Agent under a Power of Attorney
- 4. Corporation Counsel
- 5. Social worker/ County Dept. of Human Services
- 6. Spouse/Adult Children/Parent of Minor
- 7. Facility, if any
- 8. Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Identity of Board or Designated Agency

\_\_\_\_\_  
Date